

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/562857

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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10						
11						
12						
13						
14						
15			1			
16				1		
17				1		
18				1		
19				1		
20				1		
21				1		
22				1		
23				1		
24				9		
25			1			
26				1		
27				1		
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49						
50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.	←		20	←		←
TOTAL CLAIMS			22			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						